

Health Information Update (1 Months Old)

INTAKE

How often does your baby breastfeed? Every _____ hours for _____ minutes/side

If you give pumped milk, how many ounces per feeding? _____ Ounces every _____ hours

If your baby is formula fed, what is the name of the formula? _____

How many ounces of formula does your baby drink? _____ Ounces every _____ hours

Does your baby eat or drink anything other than breast milk or formula? Yes No

Does your baby take a vitamin ? Yes No

Does mom take a vitamin? Yes No

OUTPUT

How many stools does your baby have per day? _____ What is the consistency? _____

How often does your baby have a wet diaper per day? _____

If you have a boy, does your baby's urine stream seem straight? Yes No

SLEEP

How does your baby sleep? On back On side On stomach

What does your baby sleep in? Crib Bassinette Parent bed/co-sleeper Swing/chair

Where does your baby sleep? Parent's room Own room Room with sibling

What is the longest amount of time your baby sleeps in the night on average? _____

Does your baby fall asleep feeding? Yes No

Do you keep a bottle in the crib with your baby? Yes No

What else is in the baby's sleeping area other than the crib/bassinette and mattress? _____

SAFETY

Does your child ride in an infant car seat? Yes No

In the car seat, does your baby face: Forward Backward

CHILDCARE/SCHOOL

Who is with your baby most of the time? Mom Dad Babysitter Family member

If your baby is in daycare, what type? Large commercial Small In-home

OTHER

List any medications your child takes: _____

Do you need any medication refills? _____

Concerns? _____

POST-PARTUM DEPRESSION QUESTIONNAIRE

Please circle the answer that comes closest to how you have felt **IN THE PAST WEEK**, and not just how you are feeling today.

All ten items must be completed. Ignore the point value listed.

1. In the past week I have been able to laugh and see the funny side of things
 - a. As much as I always could (0 points)
 - b. Not quite so much now (1 point)
 - c. Definitely not so much now (2 points)
 - d. Not at all (3 points)
2. In the past week I have looked forward with enjoyment to things
 - a. As much as I ever did (0 points)
 - b. Somewhat less than I used to (1 point)
 - c. Definitely less than I used to (2 points)
 - d. Hardly at all (3 points)
3. In the past week I have blamed myself unnecessarily when things went wrong
 - a. Yes, most of the time (3 points)
 - b. Yes, some of the time (2 points)
 - c. Not very often (1 point)
 - d. No, never (0 points)
4. In the past week I have been anxious or worried for no good reason
 - a. No, not at all (0 points)
 - b. Hardly ever (1 point)
 - c. Yes, sometimes (2 points)
 - d. Yes, very often (3 points)
5. In the last week I have felt scared or panicky for no good reason
 - a. Yes, quite a lot (3 points)
 - b. Yes, sometimes (2 points)
 - c. No, not much (1 point)
 - d. No, not at all (0 points)
6. In the past week things have been getting the best of me
 - a. Yes, most of the time I haven't been able to cope at all (3 points)
 - b. Yes, sometimes I haven't been coping as well as usual (2 points)
 - c. No, most of the time I have coped quite well (1 point)
 - d. No, I have been coping as well as ever (0 points)
7. In the past week I have been so unhappy that I have difficulty sleeping
 - a. Yes, most of the time (3 points)
 - b. Yes, sometimes (2 points)
 - c. Not very often (1 point)
 - d. No, not at all (0 points)
8. In the past week I have felt sad or miserable
 - a. Yes, most of the time (3 points)
 - b. Yes, quite often (2 points)
 - c. Not very often (1 point)
 - d. No, not at all (0 points)
9. In the past week I have been so unhappy that I have been crying
 - a. Yes, most of the time (3 points)
 - b. Yes, quite often (2 points)
 - c. Only occasionally (1 point)
 - d. No, never (0 points)
10. In the past week the thought of harming myself has occurred to me
 - a. Yes, quite often (3 points)
 - b. Sometimes (2 points)
 - c. Hardly ever (1 point)
 - d. Not at all (0 points)